

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

# 1. PLACE OF BIRTH

County of Dorchester  
Township of         
or  
Inc. Town of         
or  
City of         
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. 1702 Registered No. 84  
(For use of Local Registrar)

FILE No.—For State Registrar Only  
00073

# 2. FULL NAME OF CHILD Aaron Mathew Grooms

(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural births        4. Twin, triplet or other        5. Number, in order of birth        6. Premature        Full term yes 7. Are Parents Married yes 8. Date of birth Aug 27, 1915  
(Month, day, year)

9. Full name FATHER  
Charlie W. Grooms

18. Name before marriage MOTHER  
Elba Gathie Sweatman

10. Residence (mailing address, (If non-resident, give place and State) E. J. D. #1 Summerville S.C.

19. Residence (mailing address, (If non-resident, give place and State) E. J. D. #1 Summerville S.C.

11. Color or race White 12. Age at child's birth 37 (years)

20. Color or race White 21. Age at child's birth 38 (years)

13. Birthplace (city or place, (State or country) Wachville, Dorchester Co. S.C.

22. Birthplace (city or place, (State or country) Sweetman Hospital, Dorchester Co. S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.       

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.       

16. Date (month and year) last engaged in this work       , 19      

25. Date (month and year) last engaged in this work       , 19      

27. Number of children of this mother (At time of birth and including this child) 8 (a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, months weeks 29. Cause of stillbirth        (Before labor        During labor       )

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 8 A.M. m. on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Elba Grooms Parent

Given name added from a supplementary report        (Date of)       

or E. J. D. #1 Summerville S.C. Guardian

Address        Filed 10-27, 1915 Ernest Hamilton Registrar

Registrar.